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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig&2cc: OCC, Hobbs
cc: Regional Office
cc: file

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Sinclair Oil & Gas Company		Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969	
Address P. O. Box 1920, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Filed to show change in lease name.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

Lease Name Maggie Dunn WN Com.		Lease No.	Well No. 1	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee	Fee
Location						
Unit Letter B	990	Feet From The	North	Line and	1650	Feet From The
Line of Section 24	Township 24S	Range	36E	, NMPM,		Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 486, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 88250					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	Twp. 24S	Rge. 36E	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Recompletion	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready	ILLEGIBLE					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F						Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

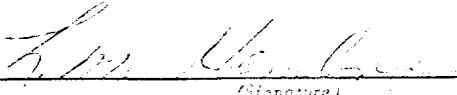
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

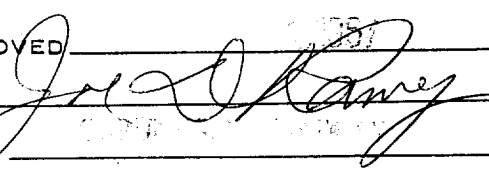
CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Engineer
(Title)
November 29, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY 

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.